United Nations E/2009/NGO/27

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Item 2 (b) of the provisional agenda*
Annual ministerial review: implementing the internationally agreed goals and commitments in regard to global public health

Statement submitted by International Psychoanalytical Association Trust, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-35861 (E) 240609

Please recycle

Statement*

Mental Health for Global Health: making a difference

In an effort to study the scope of global mental health problems, a group of diplomats, United Nations agencies and clinicians gathered at the United Nations Headquarters on 24 November 2008 for a day long round table discussion entitled "Mental Health: Making a Difference". The contributors represented the United Nations Secretariat, Member States and civil society. The President of ECOSOC, representatives from Qatar and Luxembourg, and representatives of several NGOs presented their views. In addition, psychoanalysts, psychiatrists and psychologists detailed their field experience and clinical findings. Examples were presented from work in China, the United Republic of Tanzania, Uganda, Bosnia and Herzegovina, Qatar, India, Yemen and the United States of America.

There is no health without mental health, and mental and physical health are closely intertwined. Mental health is connected to all the areas of the United Nations agenda, in programs for peace, security, human rights and development.

Undiagnosed and untreated mental illnesses and the lack of adequate resources have produced an alarming world condition. People with mental illness are at risk of human rights abuses and should be protected under the Geneva Convention. Furthermore, the proliferation of conflict and natural disasters, migrations and discrimination against vulnerable populations (women, children, and those with mental illness) are major factors that interfere with a constructive process.

There is a significant lack of funding for mental health due to differences in definition of the problem, lack of knowledge and stigma. Moreover, the current financial crisis is increasing stress and mental disorders and will make funding of new and existing programs even more difficult.

Despite cultural differences in the definition of mental health, the cross-cultural similarities of mental illness are striking. In conclusion, the participants acknowledged that psychotherapy is inexpensive, effective, and readily disseminated.

Recommendations to ECOSOC:

- To implement the Millennium Development Goals to significantly improve mental health, to incorporate mental health perspective into all the United Nations agendas and programs and to continue to support a Mental Health Day at the United Nations.

- To encourage partnerships with the private sector to assist with funding for education and training.

* Issued without formal editing.

- To increase the use of mental health literacy projects to provide knowledge about mental health and mental illness, and to use multimedia to increase tolerance and reduce indifference to mental illness.

- To establish a global community of mental health care providers and to develop education and training on a global scale.

- To protect the rights of individuals with mental illness from abuses under the auspices of the Geneva Convention.

- To determinate the best practices that build self-esteem, hope and opportunity for girls and women.

- To provide safeguards of the mental health of the care providers who themselves may be at risk in these most stressful situations.

- To contribute to the outcome of key intergovernmental and interagency processes, to set up forums for global dialogue and policy review with a view to encourage partnerships between the United Nations Secretariat, Member States and NGOs in order to change attitude towards mental health and mental illness.

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Statement submitted by National Federation of International Immigrant Women Associations, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-35868 (E) 240609

Please recycle

Statement*

National Federation of International Immigrant Women Associations (RIFFI) addresses itself to women irrespective of their nationality and political and religious background. The Federation, founded in 1974, has, over the years, helped break the isolation that a great number of immigrant women experience by supporting and guiding them to education and awareness in such matters as civil rights and social responsibilities, thus increasing their chances of integration into the Swedish society.

RIFFI has run a large number of projects meant to improve the life quality of its members. The projects are connected to health issues; counselling for abused and battered women; the strengthening of the members self-confidence; their search for identity; empowerment; breaking the patriarchal family system.

Funded by the Swedish Consumer Board, RIFFI has focused on the issue of the immigrant women as a particularly vulnerable group in society. Failure to adapt to a new way of life can lead to depression and overweight that can cause serious health problems. The members have been guided towards a sounder life style and a realistic way to find out the most suitable methods for each individual. Consequently, the campaign has given results: the target groups has reconsidered their and their children's food consumption through diminishing the amount of fat, sugar and soft drinks.

The National Swedish Board of Health and Welfare has granted RIFFI considerable funding for the prevention of HIV/AIDS. The aim of the multiple projects has been to increase the level of knowledge and information about the disease as well as to prevent it. Other aims have been to train and educate multicultural health informers with a view of forming a network focusing especially on the young people.

The final reports have shown positive signs, as indicated by the number of participants, ethnic groups and the range of activities.

Since 1994, in our local branch in Stockholm, a psychotherapist and a behavioural and alcohol and drug therapist have started a support group for abused and battered women who are often depressed and prone to various diseases.

The support group is aimed at bringing the women together so that they can exchange thoughts and experiences. It is important the women should realise that they are not alone with their problems. The group breaks their isolation and loneliness and provides them with the strength to make new social contacts, thus increasing the members confidence and self-esteem.

RIFFI led the campaign to ban female genital mutilation in Sweden, which resulted in a law in 1982.

* Issued without formal editing.

At home, RIFFI is a member of the following organisations:

The Swedish Women's Lobby; Save the Children; The Inter African Committee; CSAN- Women against Alcohol and Drugs.

RIFFI co-operates with Operation 1325 in connection to Security Council Resolution 1325 (2000). In 1998 RIFFI has been granted consultative status with the Economic and Social Council of the United Nations.

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Statement submitted by Convention of Independent Financial Advisors, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

09-35874 (E) 240609

Please recycle

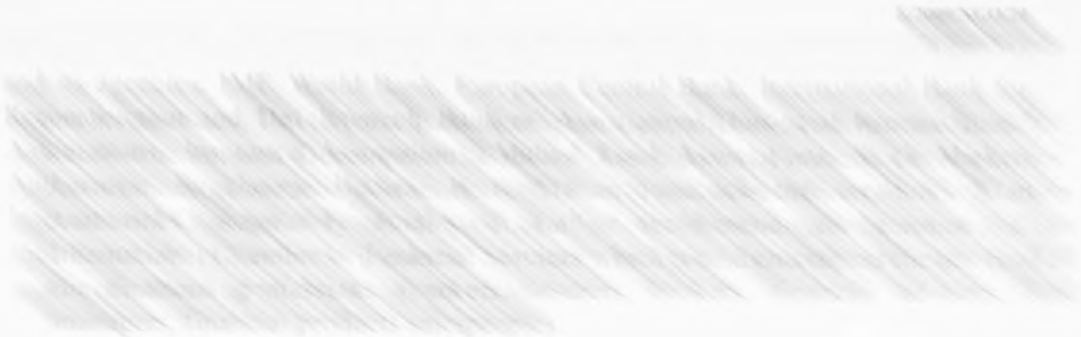
CIFA hereby adopts the following commitments to be presented to this year's High Level Segment of the United Nations ECOSOC:

1. The financial crisis requires not only the emergency measures currently being taken by governments, but also an in-depth reflection into the causes of the debacle. CIFA is proposing that all parties involved should urgently initiate a debate with the aim of restoring the financial markets health and creating a new global economic order.

2. The chaos cannot be resolved merely by nationalizing a few major financial and industrial institutions; more needs to be done if order is to be re-established in the global economic system and reassurance provided to the entire financial community and general public alike.

3. Without disputing the overwhelming need for action, the organisation is questioning, in particular, the justification for using public funds with no prior consultation of citizens/taxpayers.

4. Governments and supervisory authorities are once again warned of the need to focus their efforts on defending the interests linked to the wealth of citizens, creating a well-balanced environment which respects the freedom to use wealth in conformity with the ten articles of the CIFA charter of investors rights and makes a positive contribution to socially productive investment, while eliminating and combating the illicit creation and use of money.



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Statement submitted by Catholic for a Free Choice, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-36008 (E) 230609

Please recycle

Statement*

Catholics for Choice (CFC) shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being and respect and affirm the capacity of women and men to make moral decisions about their lives.

CFC supports policy making and governing structures that make a clear separation between church and state. We also recognize that religion can make a positive contribution to policy making, particularly in relation to social justice and human dignity. We strongly support the right of religious institutions to participate in public life. However, CFC maintains that religious organizations should be incorporated in an appropriate manner that clearly recognizes the distinction between the secular and religious realms.

As people throughout the world suffer from vicious health inequities, issues pertaining to access and capacity building as well as the future challenges of disease and the economic crisis must be addressed.

Of the many issues which need to be examined in assessing the current state of global public health and progress toward achieving the Millennium Development Goals (MDGs), few are more contentious than access to sexual and reproductive health services. As a result of the religious and cultural stigmas that often accompany these critical services, the question of sexual and reproductive health is often tabled, soft-pedaled or marginalized. This does a grave disservice to men, women and children whose health and well-being require a more holistic view that necessarily includes sexual and reproductive health and rights.

We know that women around the world suffer and die as a result of unsafe abortion. The transmission rate of HIV is unabated, despite immense expenditure on the problem, perhaps as a result of opposition to condom use from some quarters. Women and families are persistently denied the opportunity to plan when and if to expand their families. In situations of conflict and extreme poverty, these problems are amplified many times over. We believe that access to sexual and reproductive health services must not be stigmatized or rendered less of a priority; rather, these services must be provided to all those who seek them out.

This Annual Ministerial Review comes at a critical time. CFC offers the following recommendations for moving forward to achieve our common goals:

- Creating development policies that reflect people's needs and support the advancement of the MDGs and the International Conference on Population and Development Programme of Action;

- Developing criteria for development aid that ensures delivery of sexual and reproductive health-care services as part of a comprehensive health-care program;

* Issued without formal editing.

- Supporting organizations that provide access to family planning methods, such as the United Nations Population Fund;

- Recognizing the impact of unsafe abortion; and

- Including condom use in a comprehensive approach to prevent the transmission of HIV.

As the United Nations works to secure sexual and reproductive health and rights as a key component of the global health agenda, Catholics for Choice commits to supporting these efforts through discourse, education, research and advocacy.

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Statement submitted by Mujer para la Mujer, a non-governmental organization in consultative status with the Economic aad Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-36014 (E) 190609

Please recycle

Statement*

Public Health must be understood as a meeting point where life sciences, social and behavioral sciences conclude in certain populations.

Public Health in México

Based on these concepts, our proposal is to change the ideas related to public health in our country like, "welfare", "public assistance", "health-healing for the poorest = charity" transforming them into a system or integral network for the right to health in which all citizens have access to cutting-edge technology to provide global medicine programs and not only Primary Health care.

This collaborative NETWORK is formed by the whole global community, scientific knowledge, federal and state government, including the local human rights community, as well as two currents: the approach of social medicine with an expression of priority in public health and the human rights framework. The objective of this NETWORK is to achieve the design of plans and programs focused on the analysis and identification of problems and health risks, formulation of public policies and programs, adoption of a mediator and spokesperson role (Government), prioritization of needs among necessities, development of programs and plans to respond to those needs, implementation of such programs, evaluation, review and periodic reformulation of the functioning of programs, information and education to the population with educational change projects using information and communication technologies such as cable, television and internet.

In summary, public health in Mexico = health promotion through: (a) Health system that understands integrity; (b) Education for disease prevention; (c) Diagnosis and treatment of disease; (d) Physical and social rehabilitation.

Most common diseases in our both urban and rural population are: (a) Diarrheal disease in children under 5 years (13% annual mortality); (b) Suicide under the influence of substances (7% annual mortality); (c) Respiratory diseases (27% annual mortality); (d) Viral transmission and dengue transmission; (e) Bacterial diseases; (f) Anemia in Mexican women (20%); (g) Child malnutrition (25%); (h) Obesity in children and adults (25% and 70% respectively); (i) Diabetes and cardiovascular disease (11%). Diabetes is now the leading cause of death in Mexico.

It is unlikely that these diseases will disappear. However, they may be prevented and, in some cases, delay or prevent their complications in order to decrease mortality. This is possible as long as it becomes a priority, the dialogue among community organizations, government, social movements formed in health and human rights is strengthened and also that they together develop a comprehensive analysis in the field of public health, considering the social, political and economic variables in health and their link with human rights.

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Statement submitted by World Federation of Khoja Shia Ithna-Asheri Muslim Communities, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

09-36020 (E) 190609

Please recycle

Statement*

The World Federation of KSIMC welcomes the new role of the Economic and Social Council to monitor the achievements of the internationally agreed development goals. NGOs are uniquely positioned to provide the Council and its working mechanism with information, assistance and delivery of these agreed goals. NGOs are able to monitor successes in the achievement of these goals and provide recommendations to the Council or its related bodies.

In light on this year's Annual Ministerial Review theme of implementing the internationally agreed goals and commitments in regard to global public health, the World Federation will highlight some of its global health initiatives in areas where the needs are high and services are low, for the benefit of the community and humanity at large. In partnership with regional members and local agencies, the World Federation has undertaken several health projects for the last 30 years since its formation. These services have been provided to people in developed and developing countries as part of its strategic objectives and its contribution to the Millennium Development Goals (MDGs). Over the years, it has spent millions of pounds collected from its fundraising efforts to support international causes in order to relieve poverty and promote public healthcare and education.

In Southern Asia, the World Federation successfully administers four eye-clinics and four primary healthcare centres, for the deprived people who cannot afford basic healthcare or eye-care. The healthcare centres provide universal services such as antenatal care, child health development, immunisations, diagnoses, and treatment of diseases such as heart condition, tuberculoses and cancer, according to the requirements of the local region. The eye clinics regularly organise free eye-camps for the local community, giving the 'gift of sight' to the blind. In Iraq, much-needed medical equipment, such as infant incubators, transfusion sets, and operation equipment were distributed to a maternity hospital. This equipment has provided a lifeline to the children in the war-torn country.

In Europe and North America, the World Federation is working with its regional members to regularly organise medical screening programs within the community to combat and create awareness for medical conditions such as obesity, diabetes, stress, smoking, HIV/AIDs, lupus, breast cancer, rubella, deep vain thrombosis, thalaessemia and meningitis.

In East Africa, the World Federation, working with its regional members, pursues robust health activities to create awareness for common medical conditions, and provides medicines and medical assistance to two dispensaries in the distant suburbs. The World Federation also manages an autistic centre in Dar-es-Salaam, United Republic of Tanzania for the social needs of disabled children in the area.

The World Federation believes it has made a significant contribution to achieving some of the health objectives of the MDGs. The World Federation seeks to promote further collaboration with other partners to intensify health initiatives so that the deserving people continue receiving their basic rights.

* Issued without formal editing.

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Statement submitted by World Family Organization, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2009/100.

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Please recycle

Statement*

The Cairo Declaration

Lives in Balance: A Global Mobilization to the Achievement of the MDGs 4 and 5 Ensuring the Rights

Right to survival – Right to protection – Right to development

The 280 delegations from 74 countries, representing Governments, NGOs, Parliamentarians, Academia, Municipalities, Business Community and Families, gathered at the World Family Summit +4, in Cairo, Egypt, discussed and approved the present declaration:

Welcoming the interaction, discourse and partnership among Stakeholders, Local Authorities, NGOs, Civil Society Organizations, Parliamentarians, Academia, Business Community, Media and Families;

Emphasizing the importance of the World Family Summit in building a partnership towards making the present and the future world with more peace, security, justice, tolerance, solidarity, prosperity and integrated by mobilizing and promoting the basic cell of society – The Family;

Recognizing that the family is key to social stability, community progress and national strength and should therefore be strengthened to raise living standards, ensure better education and health care, broaden individual opportunities and secure dignity in old age;

Recognizing that better and faster achievements will be made in reaching the MDGs, especially the MDGs 4 and 5, if families are directly involved and mobilized to be active participants of the process of development;

Committing themselves to sound policies, good governance practices at all levels and the observance to conditions to improve the living conditions of Families;

Reaffirming the contents of the Sanya Declaration for a Comprehensive Family Policy "Achieving the Millennium Declaration With and For the Family", approved by the World Family Summit in Sanya, China in 2004;

Reaffirming the Aracaju Practical Plan of Action 2006-2015 "Investing in Development: Working the Millennium Development Goals at the Local Level and in the Family", approved by the World Family Summit +1 in Aracaju, Sergipe, Brazil in 2005;

Reaffirming the contents of the Dead Sea Declaration "Investing in Development and Mobilizing for Action: Implementing the MDGs at the Local Level and in the Family", approved by the World Family Summit +2 at the Dead Sea, Jordan in 2006;

* Issued without formal editing.

Reaffirming the contents of the Warsaw Declaration with the theme "Working Out of Poverty: Mobilizing for Action by building trust bridges, capability and partnership", approved by the World Family Summit +3, in Warsaw, Poland, in 2007.

Unanimously conclude:

The Millennium Development Goals 4 and 5 are attainable if coordinated and participative extraordinary efforts will be the highest priority of all stakeholders. Technical tools are existent and must be implemented at a scale and in a manner that will reach those who need the most.

The core of the solutions is the easy access to safe, effective and affordable interventions, which must be provided to all through functioning health systems; competent human resources; professional delivered services and adequate financing.

Therefore, the World Family Summit +4 participants recommend the following:

1. Health systems, especially at the local level must be strengthened and prioritized in National and Local Strategies for reaching maternal health, in particular prenatal care, new-born and child health, demanding a radical shift in the way health systems are addressed:

- Health systems are the core social institutions that are indispensable to reduce poverty, social exclusion, inequity, and not only mechanisms for delivering technical services.

- Health systems should implement national and local policies in the context of good governance, prevent segmentation, provide information and increase the power of the poor to make claims for healthcare.

2. Appropriate, timely and considerable additional funding to strengthen health systems has to be included in the National and Local Strategies:

- Governments should make a priority in their National and Local budgets, the financial resources needed to strengthen national and local health systems for the achievement of the MDGs 4 and 5.

- International institutions and bilateral donors should include in their plans the financing for activities on the MDGs 4 and 5 for the local health systems and NGOs working at their local level.

- Financing health systems should not be considered as a burden to National Governments, but an investment to the well-being of citizens, therefore user fees at primary care level should be abolished.

3. The human resources at the local level must be developed with continuing appropriate capacity building as an important requirement for strengthening the local health systems, specifically on the actions leading to the achievement of the MDGs 4 and 5:

- Effective management and operational systems that seek to improve quality and increase the trust in the health system should accompany the development of the health workforce.

- Medium to long term plans for building a cadre of skilled health workers, including birth attendants – the health workers key to reducing maternal deaths – including decent wages, must form an explicit part of all health workforce plans.

- The establishment of a specific health mechanisms for capacity building for the achievement of the MDGs 4 and 5 should be included in the health systems at national and local level, in particular in the rural areas.

4. Comprehensive reproductive health and rights are essential to meeting the MDGs 4 and 5:

- Universal access to comprehensive reproductive health services is essential.

- Initiatives addressing the HIV/AIDS pandemic should be integrated with comprehensive reproductive health and rights programs.

- Initiatives addressing the breast and uterine cancer should be integrated with health and rights programs.

- Adolescents must receive explicit attention with services that are sensitive to their increased vulnerabilities and designed to meet their needs.

5. Effective intervention to reduce child mortality requires scaling up availability and utilization to universal access for the population:

- Community child health policies information and services should be delivered within the health system in order to reduce child illness and newborn death and promote preventive behavior to the health of the mother of the child.

- Child health interventions must be increasingly offered within the community. Policies need to be reformulated to allow services to be delivered as close to patients as possible. Community health workers need to be trained and permitted to encourage preventive behaviors, to care for a larger proportion of non-severe childhood illnesses, and to ensure early referral to appropriate facilities for the treatment of severe illnesses.

- More attention must be paid to child nutrition, including micronutrients, as the relationship between nutritional status and mortality is becoming increasingly evident.

- Governments must increase investments in interventions aimed at reducing neonatal deaths.

6. Maternal mortality strategies should focus on building a functioning health system that ensures access to emergency obstetric care for all women who experience complications:

- The health system should supply, support, and supervise the skilled birth attendants who should be the backbone of that system, whether they are based in facilities or in communities.

- Strategies to ensure skilled attendants for all deliveries must be premised on integration of the skilled attendant into a functioning district local health system.

- Skilled attendant strategies cannot be allowed to substitute for strategies to strengthen the health system, including emergency obstetric care.

7. Accessible Information and documentation systems are an essential element in building equitable health systems:

- Indicator of health system functioning – including – equity must be developed alongside disease-specific indicators and then integrated into policy and budget cycles.

- Health information systems must be able to provide appropriate, accurate, and timely information that is used to inform management and policy decisions.

8. Information, Education and Communication are powerful instruments to be applied in national and local strategies to improve maternal, newborn and child health:

- Empowering communities to transform information, education and communication into concrete action in order to achieve sustainable maternal, newborn and child health.

- Techniques of information, education and communication appropriate to the community are a powerful instrument to prevent the consequences of child birth injury causing handicap.

- The appropriate information, education and communication in the prenatal programs should be implemented to strengthen the maternal, newborn and child health.

9. International, Regional, National and Local institutions are strategic and integrated actors to forge an effective partnership. Funding mechanisms should support and promote actions that strengthen rather than undermine equitable access to good-quality healthcare systems: (a) Long-term investments should be committed; (b) Remove restrictions on funding; (c) Align funding from donors and international financial institutions with national health programs to meet the goals; (d) Allow health stakeholders to fully participate in the development of funding plans.

The Participants also decided to request to the World Family Organization to make the present Declaration known to all Governments and other Organizations affiliated, as well as to introduce it to the United Nations Economic and Social Council Commission for Social Development and to the United Nations ECOSOC High Level Segment as an instrument to be discussed and implemented on different decision-making levels.

Cairo, 3 December 2008